

CSU RESIDENCE QUESTIONNAIRE

ADDITIONAL INFORMATION IS REQUIRED TO DETERMINE YOUR RESIDENCE STATUS.
COMPLETE AND RETURN THIS FORM TO THE CAMPUS OFFICE OF ADMISSIONS AND RECORDS.

The information requested is deemed relevant and necessary to a proper determination of your residence status for tuition purposes pursuant to the California Education Code Section 68000 et seq. and Code of Regulations 41900 et seq. Failure to answer all questions may cause you to be classified as a nonresident. You may submit additional information you believe will establish your California residence. Questions about residence requirements should be referred to a campus residence specialist.

Please Complete all fields or application will be returned to you unprocessed.
Your completed application will help us determine your eligibility.

Classification or Reclassification requested for: Fall Winter Spring Summer Year _____ Campus _____
Specify Campus

PART A: STUDENT'S INFORMATION

Name _____ Student ID No. _____
Last Name First Middle

Phone Number _____ E-mail _____

Birthdate ____/____/____ Birthplace: _____
Month Day Year

Permanent Legal Address
Street Address _____
City _____ State _____ ZIP _____

PART B: RESIDENCE DETERMINATION DATE

Check the box that applies to you and provide the requested information

If you will be 19 years of age or older by the residence determination date,
[Check here and Answer 1 through 12 as it pertains to you]

If you will be younger than 19 years of age by the residence determination date,
[Check here and Answer 1 through 12 as it pertains to the natural or adopted parent with whom you most recently resided and whose name and whereabouts you will provide below]
Name _____
Relationship _____
Present actual whereabouts _____

Residence Determination Dates

Quarter Calendars		Semester Calendars	
Fall	September 20	Fall	September 20
Winter	January 5	Winter	January 5
Spring	April 1	(Stanislaus only)	
Summer	July 1	Spring	January 25
		(Stanislaus and Long Beach)	
		Summer	June 1
CalState TEACH			
Stage 1	September 20	Stage 3	June 1
Stage 2	January 5	Stage 4	September 20

Foster Youth

I am a current foster youth in California's child welfare system, or a former foster youth in California due to emancipation or aging out of the system. Please provide the following information: (a) A copy of a juvenile dependency court document indicating foster care in California's child welfare system; or (b) Documentation from county social services confirming you were under the care of the Department of Social Services.

QUESTIONS 1 THROUGH 12

1. What state do you regard as your permanent home? _____
2. If California, when did your present stay begin ____/____/____
Month Day Year
3. Did you attend a California High School for at least 3 years and graduate or obtain a California G.E.D? Yes No
4. Employed in California in the past year? Yes No
Employer(s) _____ From ____/____/____ To ____/____/____
Month Day Year Month Day Year
Employer(s) _____ From ____/____/____ To ____/____/____
Month Day Year Month Day Year
5. Have you ever registered to vote? Yes No (List all states where registered and date of registration)
State _____ Date registered ____/____/____ Last Voted ____/____/____
Month Day Year Month Day Year
State _____ Date registered ____/____/____ Last Voted ____/____/____
Month Day Year Month Day Year
6. Do you possess a driver's license and/or ID Card? Yes No
If yes:
State _____ Date Issued ____/____/____ Previous State _____ Date Issued ____/____/____
Month Day Year Month Day Year
7. Current registration of all vehicles owned or operated
State _____ Date Issued ____/____/____ State _____ Date Issued ____/____/____
Month Day Year Month Day Year
8. Are all personal effects located in California? Yes No **If "no," attach explanation on a separate piece of paper.**
9. State where last three state income tax returns filed on total income and year covered by each
State _____ Year _____ State _____ Year _____ State _____ Year _____
10. Address shown on most current W-2 _____

Please answer the following questions, if you currently or previously owned or leased a residence:

11. Purchase or lease date and location of current residence owned or leased
Date ____/____/____ Location _____
Month Day Year
Date ____/____/____ Location _____
Month Day Year
12. Purchase date(s) and location(s) of other residence(s) owned or leased
Date ____/____/____ Location _____
Month Day Year
Date ____/____/____ Location _____
Month Day Year

PART C: EXCEPTIONS

Military

Please answer the following questions (1-3), if you are a veteran or active member of the United States Armed Forces or dependent (child/ spouse) of a veteran or active member of the United States Armed Forces.

1. Date joined ____/____/____ From which state _____ Date separated from active duty, if any ____/____/____
Month Day Year Month Day Year
2. Most recent permanent address on military records _____
Stationed (name) _____ From ____/____/____ To ____/____/____
Month Day Year Month Day Year

3. Check the box(s) that apply to you and provide the requested information.

I am a veteran of the U.S. Armed Forces eligible to receive educational assistance under either the Montgomery GI Bill or Post-9/11 GI Bill educational benefits program who resides in California enrolling in college within three years of discharge from a period of active duty of 90 days or more.

Provide: (a) a copy of your DD Form 214 ("DD 214"), showing the date of your discharge from active service; and
(b) a copy of a Certificate of Eligibility from the Department of Veterans Affairs ("VA").

I am a dependent of a veteran of the U.S. Armed Forces eligible to receive educational assistance under the Post-9/11 GI Bill educational benefits program who resides in California enrolling in college within three years of the veteran's discharge following a period of active duty of 90 days or more.

Provide: Certificate of Eligibility from the VA.

I am a dependent of a servicemember of the U.S. Armed Forces who died in the line of duty after September 10, 2001. I reside in California and am eligible to receive veteran's educational assistance.

Provide: Certificate of Eligibility from the VA.

I am a dependent of an active duty service member of the U.S. Armed Forces who has received transferred benefits under the Post-9/11 GI Bill who resides in California.

Provide: Certificate of Eligibility from the VA.

I am a member or the dependent of a member of the U.S. Armed Forces stationed in California on active duty for more than 30 days.

Provide: a statement from the military person's commanding officer or personnel officer that the military person's duty station is in California on active duty for at least 30 days as of the residence determination date.

I am a veteran of the U.S Armed Forces formerly stationed in California on active duty for more than one year and am enrolling within two years of discharge from a California military base.

Provide: (a) a copy of your DD 214;
 (b) evidence of being stationed in California upon separation from service;
 (c) an affidavit to the institution at which you are enrolling stating your intent to establish residency in California as soon as possible.

AB 540/AB 2000

To be eligible for AB 540, students must meet all the following criteria:

1. The student must have:
 - (a) attended a high school (public or private) in California for three or more years, or
 - (b) attained credits earned in California from a California high school equivalent to three or more years of full-time high school course work and attended a combination of elementary, middle and/or high schools in California for a total of three or more years, and
2. The student must have graduated from a California high school or attained the equivalent prior to the start of the term (for example, passing the GED or California High School Proficiency exam) and
3. The student must file an affidavit with the college or university stating that he or she has filed an application to legalize his or her immigration status, or will file an application as soon as he or she is eligible to do so. In addition, each campus may request additional information (e.g. high school transcripts).

PART D: IS ONLY FOR RECLASSIFICATION FOR CURRENT STUDENTS WHO HAVE BEEN CLASSIFIED AS A NONRESIDENT IN A PREVIOUS TERM

Student Financial Independence Status: *Education Code Section 68044 requires that the financial independence of a nonresident student seeking reclassification as a resident be included in the factors to be considered in the determination of residence.*

I have been classified as a nonresident in a previous term and I am requesting reclassification. Yes No

If yes, please answer all of the following questions (1-9). Failure to provide complete information may result in nonresident classification (Ed Code 68041).

1. Will your parent(s) claim you as a dependent exemption for state and federal tax purposes for the current calendar year?Yes No
2. Were you claimed as an exemption for state and federal tax purposes by your parent(s) in any of the past three calendar years?Yes No
3. Have you received or will you receive more than \$750 in financial assistance from your parent(s) in the current calendar year?Yes No
4. Did you receive more than \$750 in financial assistance from your parent(s) during any of the three past calendar years?.....Yes No
5. Have you lived or will you live for more than six weeks with your parent(s) during the current calendar year?.....Yes No
6. Did you live for more than six weeks with your parent(s) during any of the three past calendar years?Yes No

7. List all places you have lived prior to your most recent arrival in California, the dates you lived in each place and the parent you resided with.
 If you need more room, please attach an explanation on a separate sheet of paper.

From ____/____/____ To ____/____/____ State or Country _____ Parent you resided with _____
 Month Day Year Month Day Year

From ____/____/____ To ____/____/____ State or Country _____ Parent you resided with _____
 Month Day Year Month Day Year

8. Source(s) of financial support of the past year? _____
9. Active California banking account(s) _____ Bank _____ Opened ____/____/____ Bank _____ Opened ____/____/____
 Month Day Year Month Day Year

PART E: CERTIFICATION – to be read and signed by all students completing this form

The burden of proof is on the student to clearly demonstrate both physical presence and intent to remain indefinitely in California. Students seeking reclassification of nonresident status must also demonstrate financial independence. You are required to present evidenced in accordance with the Education Code and Code of Regulations referenced above. If your classification is denied, you can submit an appeal of a nonresident classification or reclassification. It will be accepted for review only if it meets the requirements described in the Basis for Appeal section below.

A student, following a final campus decision concerning the student’s residence classification or reclassification, may make an appeal to the Chancellor’s Office within 30 calendar days of the issuance of the notification of the final campus decision. The campus decision may be appealed only if at least one of the following applies:

1. The decision was based on: a) a significant error of fact; b) a significant procedural error; or c) an incorrect application of law, which, if corrected, would require that the student be reclassified; and/or,
2. Significant new information, not previously known or available to the student, became available after the date of the campus decision classifying the student as a nonresident and based on the new information, the classification as a nonresident is incorrect.

An appeal will ONLY be accepted from the student and must be submitted through the InfoReady site. Appeals via e-mail, fax, and U.S. mail will not be accepted. A student with a documented disability that prohibits the student from submitting an appeal through the InfoReady site should contact Student Academic Services at residencyappeals@calstate.edu for assistance.

Certification – To be read and signed by all applicants to certify the accuracy of the information provided.

I certify under penalty of perjury that the foregoing statements and any other information submitted by me in connection with the determination of my residence are true, complete, and accurate. I certify that so long as I am a student at this institution, I will advise the residence specialist if there is a change in any of the facts upon which the residence determination was made, such as the state of residence and military status of my parent if I am a minor or, if not, changes in any of the above for me or my spouse, if any; changes in the California State University employment status of my spouse, parent, or myself; or changes in my teaching employment or credential status. I authorize release of any information submitted by me in connection with my application for admission and determination of residence to any person, firm, corporation, association or government, whether federal, state, local, or foreign, but only as necessary to verify or explain the information, to obtain pertinent records, or in connection with perjury proceedings.

Signed at

City and County

Application’s Signature

Date